

ATTACHMENT L-A3
Fringe Policy Questionnaire

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Health Insurance				
Provider	<i>(e.g. HMO, FFS, High Deductible Health Plan, Consumer Directed Health Plan, Self Insured)</i>			
Portability of Benefits?				
Eligibility Start Date				
Employee Share \$				
Employee Share + One \$				
Employee Share Family \$				
Employer Share for Employee \$				
Employer Share for Employee + one \$				
Employer Share for Employee plus family \$				
Opt Out Payment				
Calendar Year Deductible Per Person				
Calendar Year Deductible Per Family				
Employer Share \$ & % (Single & Family) per month				
Employer Share \$ & % (Single & Family) per month				
Primary Doctor Office Visits Co-Pay In-Network Provider				
Primary Doctor Office Visits Co-Pay Out-Network Provider				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Specialist Office Visits				
Hospital Inpatient Per Admission Deductible/Copay				
Hospital Inpatient Room & Board Charges				
Hospital Co-Pay In-Network Provider				
Hospital Co-Pay Out-Network Provider				
Catastrophic Limit Per Person				
Catastrophic Limit Per Family				
Rx Co-Pays (Brand Name)				
Rx Co-Pays (Generic)				
Rx Co-Pays (Brand Name) Mail Order				
Rx Co-Pays (Generic) Mail Order				
Rx Mail Order Dosage /Qty per Month per Co-Pay				
Emergency Room Coverage				
Max Out of Pocket Employee (Annual)				
Max Out of Pocket Family (Annual)				
Are Pre-Existing Conditions Covered under this policy?				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Long-Term Care Insurance				
Plan Type				
Provider				
Plan Type (Facility or Comprehensive)				
Eligibility Start Date				
Employee Share \$				
Employer Share \$				
Other Family Eligibility				
Dental Insurance				
Provider				
Eligibility Start Date				
Employee Share \$				
Employee Share + One \$				
Employee Share Family \$				
Employer Share for Employee \$				
Employer Share for Employee + One \$				
Employer Share for Employee plus family \$				
Employer Share \$				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
	Deductible Employee Only			
	Deductible Employee + One			
	Deductible Family			
	Annual Maximum			
	Preventative			
	Orthodontic			
	Other			
Vision Insurance				
	Provider			
	Eligibility Start Date			
	Employee Share \$			
	Employee Share + One \$			
	Employee Share Family \$			
	Employer Share for Employee \$			
	Employer Share for Employee + One \$			
	Employer Share for Employee plus family \$			
	Deductible Employee Only			
	Deductible Employee + One			
	Deductible Family			
	Vision Exam			

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Vision Glasses and Lenses				
Vision Contacts				
Annual Maximum				
Life Insurance				
Provider				
Company Provided \$ x Salary				
Maximum				
Employee Share \$ & % (Single & Family) per month				
Employer Share \$ & % (Single & Family) per month				
Add'l Available?				
Cost/Unit				
Maximum				
Accident Insurance				
Provider				
Employee Share \$ & % (Single & Family) per month				
Employer Share \$ & % (Single & Family) per month				
Maximum				
Disability Insurance				
Short Term				
Provider				
% Salary				
Waiting Period				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Employee Share \$ & % (Single & Family) per month				
Employer Share \$ & % (Single & Family) per month				
Long Term				
Provider				
% Salary				
Waiting Period				
Employee Share \$ & % (Single & Family) per month				
Employer Share \$ & % (Single & Family) per month				
Retirement				
Provider				
Retirement				
Retirement Plan Type				
Matching \$ & %				
Maximum Matching				
Employee Maximum				
100% Vesting # Years				
Stock Options				
ESOP				
Paid Time Off				
Holidays				
Vacation				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Other (I.e. sick, bereavement, civic, military, etc.)				
Overtime				
Overtime				
Comp Time				
Uncompensated Time				
Training/Education				
Educational Reimbursement				
% Paid / Course				
Avg/Person/Year				
Max \$ / Year				
Grade Requirements				
Training / Prof. Develop.				
In-house				
CLE/CEUs				
Member Fees				
Severance				
Full Time Employee				
Eligibility:				
___ Yrs to ___ Yrs & Amount				
Part Time Employee				
Eligibility:				
___ Yrs to ___ Yrs & Amount				

ATTACHMENT L-A3

	Details / Description	Exempt	Non-Exempt	Proposal Reference
Performance Awards/Bonus				
Bonus				
Maximum \$ & %				
Eligibility:				
__ Yrs to __ Yrs & Amount				
Spot Bonus				
Maximum \$ & %				
Other				
Health Care Flexible Spending Account				
Dependent Flexible Spending Account				
Child Care Allowance				
Relocation Policy				
Sign-on/Retention Bonus				

[END OF ATTACHMENT L-A3]